



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

RECEIVED
2006 MAR 10 PM 1:00
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Liberation Programs, Inc	
Doing Business As		
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	399 Mill Hill Avenue, Bridgeport, CT 06610	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Cary Ostrow, VP of Bpt Services	
Contact person's street mailing address	Same as above	
Contact person's phone #, fax # and e-mail address	203-384-9301 x254 F: 203-336-4395 E: cary.ostrow@liberationprograms.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Relocation Of Bridgeport Services

b. Type of Proposal, please check all that apply:

- ☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input checked="" type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |
- ☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:
- ☒ Project expenditure/cost greater than \$ 1,000,000
- ☐ Equipment Acquisition greater than \$ 400,000
- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |
- ☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

305 Boston Avenue, Bridgeport, CT, 06610

d. List all the municipalities this project is intended to serve:

Bridgeport and surrounding areas

e. Estimated starting date for the project: 6/1/06 for purchase/renovations, 8/1/06 to begin treatment at the facility

f. Type of project: 29 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
N/A				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure: \$2,800,000

b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$300,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase) - Facility purchase	\$2,500,000
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$2,800,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$2,800,000

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
N/A				

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☒ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

(Please see attached)

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

AFFIDAVIT

Applicant: Liberation Programs, Inc

Project Title: Relocation Of Bridgeport Services

I, EDUARDO POLLAK, INTERIM CEO
(Name) (Position – CEO or CFO)

of Liberation Programs, Inc being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that Liberation Programs' Bridgeport Services complies with the
(Facility Name)

appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638,
19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Edward Pollak 3/8/06
Signature Date

Subscribed and sworn to before me on March 8, 2006

May Ann Ouellet
Notary Public/Commissioner of Superior Court

My commission expires: November 30, 2006



OHCA Letter of Intent

Liberation Programs' Bridgeport Services provides a vital service for residents whose lives have been affected by substance abuse or addiction. As the census continues to grow, so does the need for a larger facility in order to best serve the large number of clients the agency sees on a daily basis. Methadone services alone have grown from a census of 275 last year to over 375 this year, with the program scheduling 6-8 new admissions every week for the foreseeable future.

In addition to the improvement in client/staff safety and comfort, a larger facility would allow the consolidation of all administrative services in order to reduce operating costs, increase efficiency and facilitate improved supervision and management.

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

Liberation Programs' Bridgeport Services are located at 399 Mill Hill Avenue in Bridgeport. Currently, the building houses:

- Methadone Maintenance
- Ambulatory Detoxification
- Traditional Outpatient
- Intensive Outpatient
- Parole Services
- Drug Court Services
- Ryan White Services
- Evaluation and Referral services (including Project Safe - DCF)

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

Liberation Programs will not be seeking additional services or licensures. The client census has grown dramatically over the past year and the organization is seeking a larger facility to better accommodate clients and staff.

3. Who is the current population served and who is the target population to be served?

Liberation Programs' Bridgeport Services provides substance abuse healthcare services to adults whose lives are affected by substance abuse or addiction. Currently, the agency serves over 500 clients each day in its outpatient programs, which includes methadone maintenance. As the need for methadone-related services continues to grow, Liberation Programs has determined that a larger facility is needed to best serve the growing census.

4. Identify any unmet need and how this project will fulfill that need.

The growth in our client census has caused a need for increased:

- Staff and staff offices
- Parking for clients and staff
- Group rooms available
- Conference rooms available for community meetings, family nights, etc
- Bathrooms (for drug screens, as well as for client and staff use)

A larger facility would help alleviate the difficulties currently faced by the staff of Liberation Programs' Bridgeport Services. In addition, a larger facility would allow the agency house all of its administrative services, as well as satisfy the demand from area referral sources who are requesting services, such as:

- More Senior Services (currently only a small Bridgeport presence due to office space limitations)
- More Adolescent Prevention Services (RYASAP has asked for after-school prevention programs)
- Increased methadone dosing hours/slots for the large unserved opiate-addicted population in Bridgeport and surrounding areas
- A second dispensing window to help speed the line flow

Because the proposed new location is less than a mile away from 399 Mill Hill Avenue, on the same bus route and has many more parking slots available, clients will not be inconvenienced any way. The agency does not anticipate any disruption of clinical services.

5. Are there any similar existing service providers in the proposed geographic area?

Currently, in the Bridgeport area, there are several substance abuse providers.

For methadone services:

- Regional Networks (2 locations)
- New Era

For Outpatient Substance Abuse Services

- CASA
- Bpt Community Health Center
- Helping Hand Center

Even with these additional agencies, the need for substance abuse programs, specifically methadone-related services, continues to grow in the Bridgeport area. Liberation Programs does not want to be in a position where waiting lists will be need to be implemented.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

Treatment services for opiate-addicted clients is an important DMHAS initiative. A more spacious facility would allow the large number of clients who are requesting services to be admitted into our programs in a timely manner and allow for all clients currently enrolled to be served in a more comfortable, roomy environment.

7. Who will be responsible for providing the service?

Liberation Programs will continue its services for the Bridgeport area. There will be no disruption to clients and the staff will remain the same. A larger facility will allow for more clients which will translate to more staff

8. Who are the payers of this service?

Liberation Programs Bridgeport Services receives funding from :

- DMHAS
- Dept of Corrections (including Parole)
- Third-part payments
- Client payments

Liberation Programs Bridgeport Services has continued to grow. As the agency serves a larger number of consumers, the need for a more spacious facility becomes an important component in continuing to provide quality substance abuse services.

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0271

Facility for the Care or Treatment of Substance
Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Liberation Programs, Inc. of Norwalk, CT, d/b/a Darien Youth Options is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Darien Youth Options is located at 2 Renshaw Road, Darien, CT 06820 with:

Edward B. Pollak as Executive Director

The maximum number of beds shall not exceed at any time:

0 None

The service classification(s) and if applicable, the residential capacities are as follows:

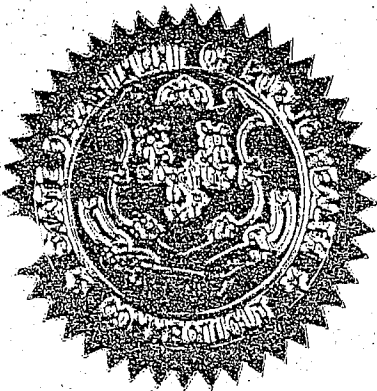
Outpatient Treatment

This license expires September 30, 2006 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2004.

License revised to reflect:

CHANGE OF LICENSEE NAME EFF: 8/8/05



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0223

Facility for the Care or Treatment of Substance
Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Liberation Programs, Inc. of Norwalk, CT, d/b/a Greenwich Youth Options is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Greenwich Youth Options is located at 55 Old Field Point Road, Greenwich, CT 06830 with:

Edward B. Pollak as Executive Director

The maximum number of beds shall not exceed at any time:

0 None

The service classification(s) and if applicable, the residential capacities are as follows:

Outpatient Treatment

This license expires March 31, 2006 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2004.

License revised to reflect:

CHANGE OF LICENSEE NAME EFF: 8/8/05



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0324

Facility for the Care or Treatment of Substance
Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Liberation Programs, Inc. of Norwalk, CT, d/b/a Stamford Youth Options is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Stamford Youth Options is located at 115 Main Street, Stamford, CT 06901 with:

Edward B. Pollak as Executive Director

The maximum number of beds shall not exceed at any time:

0 None

The service classification(s) and if applicable, the residential capacities are as follows:

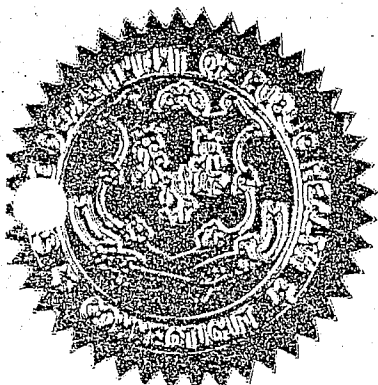
Outpatient Treatment

This license expires June 30, 2007 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, June 30, 2005.

License revised to reflect:

CHANGE OF LICENSEE NAME EFF: 8/8/05



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. SA-0173

Facility for the Care or Treatment of Substance
Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Liberation Programs, Inc. of Norwalk, CT, d/b/a Main Street Clinic is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Main Street Clinic is located at 117 Main Street, Stamford, CT 06901 with:

Edward B. Pollak as Executive Director

The maximum number of beds shall not exceed at any time:

0 None

The service classification(s) and if applicable, the residential capacities are as follows:

Chemical Maintenance Treatment
Ambulatory Chemical Detoxification Treatment

This license expires March 31, 2006 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2004.

License revised to reflect:

CHANGE OF LICENSEE NAME EFF: 8/8/05



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

LIBERATION PROGRAMS, INC. MAIN ST. CLINI
INC.
115-125 MAIN STREET

STAMFORD CT 06901 - 0000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
PS0123733	02-28-2007	PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2	MAINTENANCE & DETOX	01-26-2006
LIBERATION PROGRAMS, INC. MAIN ST. CLINI INC. 115-125 MAIN STREET STAMFORD CT 06901-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
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STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. SA-0174

Facility for the Care or Treatment of Substance
Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Liberation Programs, Inc. of Norwalk, CT, d/b/a Liberation House is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Liberation House is located at 119 Main Street, Stamford, CT 06901 with:

Edward B. Pollak as Executive Director

The maximum number of beds shall not exceed at any time:

67 Intermediate and Long Term Treatment and Rehabilitation Beds

The service classification(s) and if applicable, the residential capacities are as follows:

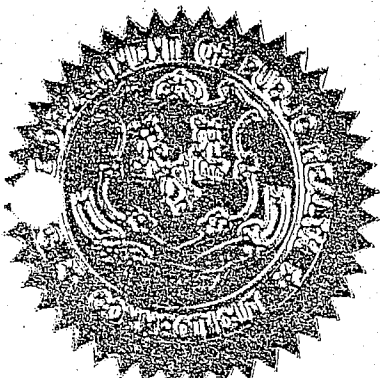
Intermediate and Long Term Treatment and Rehabilitation

This license expires March 31, 2006 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2004.

License revised to reflect:

CHANGE OF LICENSEE NAME EFF: 8/8/05



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

MAYOR
DANNEL P. MALLOY



DIRECTOR
JOHNNIE A. LEE, MD, MPH, FACP
TEL: (203)977-4399
FAX: (203)977-5882
Email: JALee@ci.stamford.ct.us

CITY OF STAMFORD
DEPARTMENT OF HEALTH & SOCIAL SERVICES
STAMFORD GOVERNMENT CENTER
888 WASHINGTON BOULEVARD
P.O. BOX 10152
STAMFORD, CT 06904-2152

Friends of LMG Program
159 Colonial Rd.
Stamford, CT 06904

License # R - 1113

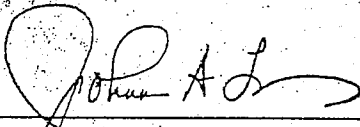
LICENSE FOR OPERATION OF ROOMING HOUSE

Expiration Date: June 30, 2006

In consideration of the fee of \$1445.00 and continuing compliance with requirements of Chapter 146 of the Stamford City Code, a license is hereby issued to:

Owner or Agent: Friends of LMG Program
Owner or Agent Address: 159 Colonial Rd.
Stamford, CT 06904

for the operation a ROOMING HOUSE of 23 units
licensed at: 115-119 MAIN ST


Johnnie A. Lee, MD, MPH, FACP
Director of Health and Social Services
and Medical Advisor

Date Issued: July-29-2005

This license must be displayed in a conspicuous place in the hallway of the licensed premises.

Any change in ownership, interest or control of these premises must be Reported to:

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ENVIRONMENTAL INSPECTIONS DIVISION
888 WASHINGTON BOULEVARD
P.O. BOX 10152
STAMFORD, CT 06904-2152

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. SA-0175

Facility for the Care or Treatment of Substance
Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Liberation Programs, Inc. of Norwalk, CT, d/b/a Liberation Clinic is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Liberation Clinic is located at 125 Main Street, Stamford, CT 06901 with:

Edward B. Pollak as Executive Director

The maximum number of beds shall not exceed at any time:

0 None

The service classification(s) and if applicable, the residential capacities are as follows:

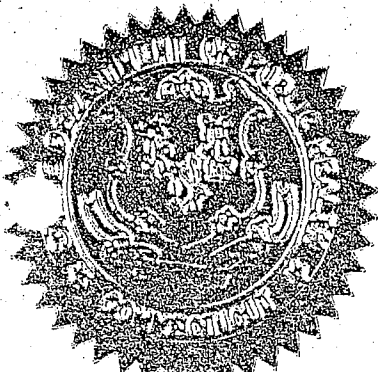
Outpatient Treatment

This license expires March 31, 2006 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2004.

License revised to reflect:

CHANGE OF LICENSEE NAME EFF: 8/8/05



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. SA-0172

Facility for the Care or Treatment of Substance
Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Liberation Programs, Inc. of Norwalk, CT, d/b/a Families In Recovery Program is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Families In Recovery Program is located at 141 Franklin Street, Stamford, CT 06901 with:

Edward B. Pollak as Executive Director

The maximum number of beds shall not exceed at any time:

10 Intermediate and Long Term Treatment and Rehabilitation Beds

The service classification(s) and if applicable, the residential capacities are as follows:

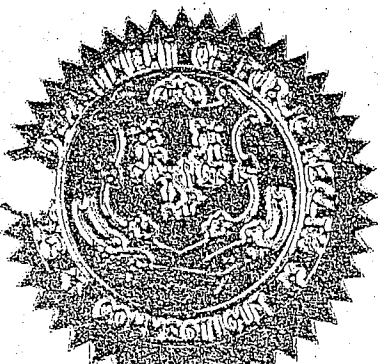
Intermediate and Long Term Treatment and Rehabilitation

This license expires March 31, 2006 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2004.

License revised to reflect:

CHANGE OF LICENSEE NAME EFF: 8/8/05



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0290

Facility for the Care or Treatment of Substance
Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Liberation Programs, Inc. of Norwalk, CT, d/b/a Liberation Methadone Clinic (Bridgeport) is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Liberation Methadone Clinic (Bridgeport) is located at 399 Mill Hill Avenue, Bridgeport, CT 06610 with:

Edward B. Pollak as Executive Director

The service classification(s) and if applicable, the residential capacities are as follows:

Ambulatory Chemical Detoxification Treatment
Chemical Maintenance Treatment
Outpatient Treatment

This license expires September 30, 2007 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2005. RENEWAL.



J. Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

BRIDGEPORT METHADONE CLINIC
399 MILL HILL AVE.

BRIDGEPORT CT 06610 - 0000
|||

DEA REGISTRATION NUMBER		THIS REGISTRATION EXPIRES		FEE PAID	
RG0195277		09-30-2006		PAID	
SCHEDULES		BUSINESS ACTIVITY		ISSUE DATE	
2		MAINTENANCE & DETOX		10-06-2005	
BRIDGEPORT METHADONE CLINIC 399 MILL HILL AVE.					
BRIDGEPORT CT 06610 - 0000					

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

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